

## EXHIBIT 19

# DEPARTMENT OF MENTAL HEALTH

## State of Mississippi

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### **FOR IMMEDIATE RELEASE**

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### **MISSISSIPPI EXPANDS PACT TEAMS**

**May 5, 2014 (Jackson, MS)** – In an effort to continue to expand community-based services, the Mississippi Department of Mental Health (DMH) will be adding at least four additional Program of Assertive Community Treatment (PACT) Teams throughout the state over the next year. Mississippi currently has two PACT Teams which are operated by Life Help Community Mental Health Center based out of Greenwood and Warren Yazoo Mental Health Center based out of Vicksburg.

“Individuals receiving PACT services have access to the level of care they need to maximize their quality of life and achieve their dreams,” said Rosie Washington, PACT Team Leader, Life Help.

PACT is an individual-centered, recovery-oriented, mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services. PACT Teams serve individuals who may have gone without appropriate services. PACT Teams are mobile and deliver services in the community to enable individuals to remain in the community and avoid placement in a more restrictive environment.

“We have a young woman who has made great progress with her treatment because of the PACT Team,” said Charles Stampely, PACT Team Leader, Warren-Yazoo Mental Health Services. “She came to us homeless, sleeping on the couches of various family and friend’s. She had little trust in other females, and would have her guard up each time we visited. Because she had no finances to support herself, she resorted to supporting herself by any means necessary. With several attempts,

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PACT was able to successfully assist her in obtaining Supplemental Security Income benefits. She currently has maintained her own apartment and has been receiving food stamps. She has developed a very close relationship with one of our female team members, as she could desperately benefit from a positive female role model. She has released her guard with people in general, and has even maintained enrollment in a GED class.”

Mental health is a serious public health problem in Mississippi. In 2013, more than 165,000 people needed treatment for a mental health issue. Mississippians should seek treatment for substance abuse and mental health with the same urgency as they would any other health condition. Since stigma is one of the reasons many people do not seek help, Mississippi must continue to have conversation on mental health in order to increase understanding and stay focused on the concept of recovery.

PACT Teams center on a recovery-oriented system of care. Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one person may be only part of the process for another. Supports and services such as PACT Teams help people with mental illness in their recovery journeys. All PACT Team services are intended to support recovery and fully reintegrate the individual into the community by utilizing peer specialists and incorporating evidence-based and promising practices into individualized service planning.

“Recovery not only benefits the individual, it benefits the entire community,” said Ed LeGrand, DMH Executive Director. “Evidence-based programs such as PACT Teams are essential to keep individuals in the community and help them continue on their road to recovery. We must continue to expand Mississippi’s community-capacity for the individuals served by the public mental health system.”

If you or someone you know is in need of services and supports, call the DMH’s 24 hour-a-day, 7 days a week at 1-877-210-8513 or visit [www.dmh.ms.gov](http://www.dmh.ms.gov).

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*DMH is supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance abuse problems and intellectual or developmental disabilities one person at a time.*



## **Program of Assertive Community Treatment**

### **PACT**

The program is an effective, evidence-based, recovery-oriented mental health service delivery model that utilizes a trans-disciplinary team approach providing intensive outreach-oriented services to individuals with severe and persistent mental illnesses and co-occurring disorders. Utilizing a client-centered approach, team members are responsible for addressing the needs of consumers and carry low caseloads to allow for individualized care and frequent contacts (1-10 staffing ratio). Services are available 24/7 and directed to consumer needs with 75% to 85% of treatment services delivered in the community. All services are intended to support recovery and fully reintegrate the consumer into the community by utilizing peer specialists and incorporating evidence-based and promising practices into individualized service planning. PACT is for individuals who have high use of psychiatric hospitalization and crisis services, have difficulty benefiting from traditional services, and may have a high risk or history of arrest and incarceration. PACT is funded for \$10.4 million per year for statewide implementation.

The 10 PACT teams have the capacity to serve a total of 648 to 800 individuals statewide:

- 6 full (urban) PACT teams (serving 80-100 consumers per team)
- 4 half (rural) PACT teams (serving 42-50 consumers per team)

On-site fidelity assessment reviews are conducted at least once a year. PACT outcomes being considered for review include:

- Gradual reduction of recently added state hospital beds
- Decreased state hospital utilization
- Increased consumer satisfaction and quality of life
- Decreased community inpatient and crisis service utilization
- Increase in employment
- Reduction in criminal justice involvement and
- Graduation from PACT

### **Resources**

[WA-PACT Program Standards](#)

[PACT Policies & Procedures Guidelines](#)

P.A.C.T.



In 1996, CPC Behavioral Healthcare was chosen by the State of New Jersey to implement a community-based program for severely and persistently mentally ill adults discharged from state psychiatric hospitals and living in Monmouth County. PACT (Program for Assertive Community Treatment) operates under the belief that people with serious and persistent mental illness can recover and live in the least restrictive setting if provided with appropriate support and services.

PACT is a community-based program for adults with persistent and serious mental illness who have not been able to live in the community and utilize traditional services without relapse and recurrent psychiatric hospitalizations.

CPC Behavioral Healthcare sponsors two PACT teams who are available 24 hours a day, seven days a week to provide services and supports designed to prevent rehospitalization, promote community integration and increase quality of life.

PACT is unique because it brings comprehensive services directly to the consumer in his/her home environment for as long as the consumer requires services. The inter-disciplinary P.A.C.T team includes: psychiatrists; psychiatric nurses; consumer advocates; vocational specialists; masters level clinicians; substance abuse specialists.

PACT is designed to provide long-term care. Consumers are clients for life unless they relocate out of the area. Consumers are referred from psychiatric hospitals, mental health screening centers and other mental health venues in Monmouth County. To qualify for PACT, consumers must meet certain eligibility requirements including:

- A serious and persistent mental illness for at least 12 months
- Certain impaired functions
- A history of psychiatric hospitalizations in the past 12 months; and inability to maintain residence in the least restrictive setting
- Inability to be treated at a lower level of care

The PACT team will:

- Collaborate with the consumer in determining the course of care
- Provide psychiatric services, rehabilitative services and treatment of co-occurring disorders
- Help the consumer with activities of daily living
- Develop and support recreational and social skills
- Train and assist consumers in finding and maintaining employment
- Provide support and consult with consumers' families and social contacts
- Try to avert rehospitalization
- Work towards the goal of recovery at the consumer's own pace

The PACT office is located at CPC's Helen Herrmann Counseling Center in Middletown/Red Bank.

**SENATE BILL 2874****(Obligations)**

<b>PROGRAM/PROJECT</b>	<b>AMOUNT</b>	<b>UPDATE</b>
1. Mobile Crisis Teams	\$4,000,000.00	As described in the Legislation, Community Mental Health Centers were given first right of refusal on this award. Fourteen (14) Community Mental Health Centers have responded to the Funding Opportunity Announcement and have been awarded.
2. Two PACT Teams	\$1.2 million (\$600,000 per year for two teams)	Funding will be used to develop two additional PACT (Programs of Assertive Community Treatment) Teams – one team will serve Region 8 and 9 and one team will serve Region 13 and 14. PACT is an individual-centered, recovery-oriented, mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses.
3. Three (3) Out of home regional Crisis beds for individuals with IDD	\$1,000,000.00	Since July 2013, six (6) out of home crisis beds have been established.
4. Two hundred (200) IDD Waiver Slots	\$2,000,000.00	Since July 2013, 178 waiver slots have been added to the (HCBW) Home and Community Based Waiver. There will be a minimum of 22 additional slots added by the end of this fiscal year.
	\$200,000.00	\$200,000.00 for Burns and Associates for an IDD rate study for waiver rates.
	\$77,025.00 Mandt	DMH has trained 61 individuals throughout the Public Mental Health System. The Mandt System is a comprehensive, integrated approach to

		preventing, de-escalating, and if necessary, intervening when the behavior of an individual poses a threat of harm to themselves and/or others.
5. Targeted Case Management/Community Support Specialist	No amount has currently been awarded to this Project.	DMH is currently working with The Division of Medicaid to determine what amount of funding will be needed to achieve this project. The current Division of Medicaid State Plan Amendment allows for the reimbursement for Targeted Case Management (\$14.88 per unit) & Community Support Specialist (\$14.88 per unit). This is currently being provided by Community mental Health Centers. The concern by the providers is the rate is too low. DMH is exploring the barriers to providing this service.
6. Fifteen (15) Peer Support Specialist	\$900,000.00	The Funding Opportunity for Mobile Crisis Teams requires the Certified Peer Support Specialist be a required part of the Mobile Crisis Teams. DMH included the \$900,000.00 in the Mobile Crisis Teams grants for the employment of Certified Peer Support Specialist on each Mobile Crisis Team.
7. Supported Employment for individuals with ID/DD and SMI	\$15,000 for FY14 and \$30,000 for FY15	DMH is working with the Department of Vocational Rehabilitation to determine what amount of funding will need to be made available to achieve this project. Once an amount is agreed on, DMH and Voc. Rehab will develop a Memorandum of Understanding for this program.
8. Wraparound Services for Children.	No amount has currently been awarded to this project.	DMH is currently working with The Division of Medicaid to determine what amount of funding will be needed to achieve this project. The current Division of Medicaid State Plan



		Amendment allows for the reimbursement for Wraparound Services (\$14.88 per unit). The concern by the providers is the rate is too low. DMH is reviewing current usage by the Community Providers and will work with the Division of Medicaid to address barriers.
9. Outreach education to Individuals and Families regarding community integration and housing transition.	No amount has currently been awarded to this project.	DMH required the 10% of the Mobile Crisis Team grant award be utilized to provide marketing and outreach to educate the public on the availability of services.
10. Training for services providers regarding Recovery Model, Person Centered Planning & System of Care Principals.	\$165,000.00	<p>Since July 1, 2013, DMH has spent \$135,000.00 for Person Centered Thinking training. This will provide 24 trainings, 46 training days, and 40 slots for individuals to be trained in each of the trainings.</p> <p>Since July 1, 2013, DMH has contracted with University of Southern Mississippi to provide Person Centered Planning training and technical assistance to staff at Region 2 (Oxford), Region 3 (Tupelo) &amp; Region 4 (Corinth) Community Mental Health Centers and North MS State Hospital (Tupelo). This is considered a pilot project and will be replicated to each of the State Hospitals and surrounding Community Mental Health Centers across the State.</p>
11. Quality Assurance	\$135,464.00	Since June 2013, Two (2) staff have been hired and a third being sought for the Bureau of Quality Management Standards and Operations. These staff will serve as quality liaisons with other Bureau staff as well as current and new providers.



A Program of Assertive Community Treatment (PACT) is an individual-centered, recovery-oriented mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs.

The important characteristics of Programs of Assertive Community Treatment (PACT) are:

PACT serves individuals who may have gone without appropriate services. Consequently, the individual group is often over represented among the homeless and in jails and prisons, and has been unfairly thought to resist or avoid involvement in treatment.

PACT services are delivered by a group of multidisciplinary mental health staff who work as a team and provide the majority of the treatment, rehabilitation, and support services individuals need to achieve their goals. Many, if not all, staff share responsibility for addressing the needs of all individuals requiring frequent contact.

PACT services are individually tailored with each individual and address the preferences and identified goals of each individual. The approach with each individual emphasizes relationship building and active involvement in assisting individuals with severe and persistent mental illness to make improvements in functioning, to better manage symptoms, to achieve individual goals, and to maintain optimism.

The PACT team is mobile and delivers services in community locations to enable each individual to find and live in their own residence and find and maintain work in community jobs rather than expecting the individual to come to the program.

PACT services are delivered in an ongoing rather than time-limited framework to aid the process of recovery and ensure continuity of caregiver. Severe and persistent mental illnesses are episodic disorders and many individuals benefit from the availability of a longer-term treatment approach and continuity of care. This allows individuals opportunity to recompensate, consolidate gains, sometimes slip back, and then take the next steps forward until they achieve recovery.

#### PACT team staffing requirements

Each PACT team must have the organizational capacity to provide a minimum staff-to-individual ratio of at least one (1) full-time equivalent (FTE) staff person for every ten (10) individuals (this ratio does not include the psychiatrist or psychiatric nurse practitioner and the program assistant).

Each PACT team must have sufficient numbers of staff to provide treatment, rehabilitation, and support services twenty-four (24) hours a day, seven (7) days per week.

The following positions are required for PACT Teams:

**Team Leader:** A full-time team leader/supervisor who is the clinical and administrative supervisor of the team and who also functions as a practicing clinician on the PACT team. At a minimum, this individual must have a Master's degree in a mental health or related field and professional license or DMH credentials as a Certified Mental Health Therapist.

**Psychiatrist/Psychiatric Nurse Practitioner:** A psychiatrist/psychiatric nurse practitioner, who works on a full-time or part-time basis for a minimum of sixteen (16) hours per week for every fifty (50)

individuals. For teams serving over fifty (50) individuals, the psychiatrist/psychiatric nurse practitioner must provide an additional three hours per week for every fifteen (15) additional individuals admitted to the program (not including on call time.) The psychiatrist/psychiatric nurse practitioner provides clinical services to all PACT individuals; works with the team leader to monitor each individual's clinical status and response to treatment; supervises staff delivery of services; and directs psychopharmacologic and medical services.

There must be at least two (2) Full-time registered nurses. A team leader with a nursing degree cannot replace one of the FTE nurses.

There must be at least one (1) Master's level or above mental health professional (in addition to the team leader.)

There must be at least one (1) Substance Abuse Specialist.

There must be at least one (1) Employment Specialist.

There must be at least one (1) FTE certified peer specialist. Peer specialists must be fully integrated team members.

The remaining clinical staff may be Bachelor's level and paraprofessional mental health workers who carry out rehabilitation and support functions. A Bachelor's level mental health worker has a Bachelor's degree in social work or a behavioral science, and work experience with adults with severe and persistent mental illness. A paraprofessional mental health worker may have a Bachelor's degree in a field other than behavioral sciences or have a high school degree and work experience with adults with severe and persistent mental illness or with individuals with similar human-service's needs. These paraprofessionals may have related training (e.g., certified occupational therapy assistant, home health care aide) or work experience (e.g., teaching) and life experience.

At least one (1) program assistant who is responsible for organizing, coordinating, and monitoring all non-clinical operations of PACT, including managing medical records; operating and coordinating the management information system; maintaining accounting and budget records for individual and program expenditures; and providing receptionist activities, including triaging calls and coordinating communication between the team and individuals.

## Mississippi PACT Team Development

- MS currently has 8 PACT Teams
- The 1<sup>st</sup> PACT Team opened in June 2010 in Greenwood operated by Life Help – currently has 45 receiving services
- The 2<sup>nd</sup> PACT Team opened in April 2011 in Vicksburg & Yazoo City operated by Warren-Yazoo MH – currently has 42 receiving services
- DMH received special funding from MS Legislature in FY14 for additional community services including additional PACT Teams
- Pine Belt MHR opened PACT Teams in Hattiesburg and Gulfport in December 2014 – Hattiesburg currently serving 14  
– Gulfport currently serving 18
- MS Medicaid awards DMH BIP\$ which will fund 2 additional PACT Teams
- Hinds BHS opens PACT Team in Jackson in February 2015 – currently serving 7
- Timber Hills MHC opens PACT Team in DeSoto County in March 2015 – currently serving 2
- LifeCore will begin admitting individuals in Tupelo by June 2015
- Weems MHC will begin admitting individuals in Meridian by June 2015

\*NOTE\* PACT can only admit up to 5 individuals per month and only 3 per month in the early development stages.